

Institutional Edit Requirements

Chapter

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Element Name: Claim Form Type (1-204)			
Validity Edits			
1-204-01	VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/1/93; OTHERWISE NO EDIT APPLIES.		
Relational Edits			
Related to Element	Edited Element Relationship	Also Relates to Element(s)	
NONE			

Institutional Edit Requirements

Element Name: PCM Location DMIS-ID (1-205)

Validity Edits

1-205-01 MUST BE VALID DMIS CODE.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REGION CODE	SEE BELOW	
ENROLLMENT CODE	SEE BELOW	

Edited Element Relationship

1-205-02R IF DATE OF ADMISSION \geq 10/1/97

AND

IF ENROLLMENT STATUS CODE = "Z" OR "BB" (PRIME ENROLLEE WITH MTF/CLINIC PCM)
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID

OR

IF ENROLLMENT STATUS CODE = U (PRIME ENROLLEE WITH MCS CONTRACTOR
NETWORK PCM)

PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY
CARE MANAGERS, OR 8XXX WHEN HCS REGION CODE = 1, 2, OR 5.

PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE
MANAGER IN EUROPE.

OR

IF ENROLLMENT STATUS CODE **NOT** = "U", "W", "Z", OR "BB" (INDICATING NON-PRIME
BENEFICIARIES)

PCM LOCATION DMIS-ID MUST BE BLANK

1-205-03R **CONVERSELY.**

IF BEGIN DATE OF ADMISSION \geq 10/1/97

AND

IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)
ENROLLMENT STATUS CODE MUST **NOT** = "U", "W", "Z", OR "BB".

OR

IF PCM LOCATION DMIS-ID = 6900 - 6912

ENROLLMENT STATUS CODE MUST = U.

UNLESS HCS REGION CODE = 1, 2, OR 5, THEN PCM LOCATION DMIS-ID MUST = 8XXX.

OR

IF PCM LOCATION DMIS-ID = 6913 - 6915

ENROLLMENT STATUS CODE MUST = U.

OR

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID

ENROLLMENT STATUS CODE MUST = "W", "Z" OR "BB".

1-205-04R IF BEGIN DATE OF ADMISSION \geq 10/1/97

Non-Institutional Edit Requirements**Element Name: NAS Number (2-110)****Validity Edits**

2-110-01 IF NAS NUMBER IS CODED

POSITION 2 - 4 (DMIS FACILITY #), MUST BE VALID (USER SUPPLIED USE MTF NUMBERS).

POSITION 1 MUST BE ZERO.

POSITION 5 - 8 (JULIAN DATE; FORMAT YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITION 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

OR

POSITION 1-2 MUST BE '46' **OR** '47' AND POSITION 3-11 MUST BE ZEROS, AND EITHER
 BEGIN DATE OF CARE < 11/1/92 **OR** FILING STATE/COUNTRY CODE ≠ NUMERIC **OR** 'PR'.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

Edited Element Relationship

NO ERROR IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)

MN MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)

NO NAS NUMBER IS REQUIRED -- BYPASS ALL NAS NUMBER EDITING.

2-110-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹
 NAS NUMBER MUST = BLANK
 UNLESS SPECIAL PROCESSING CODE = 'ST'.

2-110-03R IF NAS EXCEPTION REASON IS NOT BLANK
 NAS NUMBER MUST = BLANK.

2-110-04R IF BEGINNING DATE OF CARE ≥ 9/23/96
 AND

ENROLLMENT STATUS E MANAGED CARE SUPPORT
 TRICARE TIDEWATER PRIME

O NEW ORLEANS PRIME

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements

Element Name: NAS Number (2-110) (Continued)

H MANAGED CARE SUPPORT
HOMESTEAD ENROLLED
PATIENT

K MANAGED CARE SUPPORT
CALIFORNIA/HAWAII,
TRICARE PRIME ENROLLED
PATIENT

U MANAGED CARE SUPPORT
PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT
PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND TYPE OF SERVICE (FIRST BYTE) = I. OR M.

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹

NAS NUMBER MUST BE CODED. UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

HEALTH CARE PLAN CODE 11 MCS FORT BRAGG DEMO OR

ANY OCCURRENCE OF 9 NON-AVAILABILITY STATEMENT NOT PROVIDED

DENIAL REASON CODE

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

SPECIAL PROCESSING CODE ST SPECIALIZED TREATMENT

OR ANY OCCURRENCE OF OVERRIDE CODE = Q (FORMER SPOUSE WITH PRE-EXISTING
CONDITION). OR

PROGRAM INDICATOR H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS T NATO

IN WHICH CASE NAS NUMBER MUST = BLANK.

2-110-06R IF SPECIAL PROCESSING FLAG I BERGSTROM AIR FORCE BASE

J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER ≠ 46000000000

2-110-07R IF NAS EXCEPTION REASON = BLANK

AND ONE PROCEDURE CODE = (ONE OF THE APPLICABLE (I.E., CODE BASED ON DATE OF
SERVICE) PROCEDURE CODES LISTED IN ADP MANUAL, CHAPTER 6, ADDENDUM A,
FIGURE 6-A-2A, FIGURE 6-A-2A, FIGURE 6-A-2C, OR FIGURE 6-A-2D.

AND TYPE OF SERVICE A FIRST BYTE

C

O

N

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements

Element Name: NAS Number (2-110) (Continued)

IN WHICH CASE NAS NUMBER MUST BE BLANK

2-110-10R IF BEGINNING DATE OF CARE \geq 9/23/96 AND

ENROLLMENT STATUS

- E MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
- O NEW ORLEANS PRIME
- H MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
- K MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
- U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
- Z MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND PROCEDURE CODE = 36414, 36416 - 37799

AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR THE NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

AND BEGIN DATE OF CARE \geq OCTOBER 1, 1997

NAS NUMBER MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF
DENIAL

9 NONAVAILABILITY STATEMENT NOT PROVIDED

REASON CODE

2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE IS $>$ 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements**Element Name: Reason for Payment Reduction (2-113)****Validity Edits****2-113-01** MUST BE 'A', 'B', OR 'C'.**Relational Edits**

Related to Element	Edited Element Relationship	Also Relates to Element(s)
ENROLLMENT STATUS	SEE BELOW	
REASON FOR PAYMENT REDUCTION	SEE BELOW	
NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	

Edited Element Relationship

2-113-02R IF AMOUNT OF PAYMENT REDUCTION IS NOT EQUAL TO ZERO AND NUMBER OF PAYMENT REDUCTION DAYS/SERVICES IS NOT EQUAL TO ZERO.
REASON FOR PAYMENT REDUCTION MUST NOT BE BLANK.

2-113-03R IF ENROLLMENT STATUS EQUALS 'T', 'U', 'V', OR 'Z'
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', 'C', OR BLANK.
ELSE
REASON FOR PAYMENT REDUCTION MUST BE 'A', 'B', OR BLANK.

Non-Institutional Edit Requirements

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Element Name: Claim Form Type (2-210)**Validity Edits****2-210-01** VALUE MUST BE 'A' - 'J' IF FILING DATE \geq 10/1/93; OTHERWISE NO EDIT APPLIES.**Relational Edits****Related to Element****Edited Element
Relationship****Also Relates to
Element(s)**

NONE

Non-Institutional Edit Requirements

Element Name: PCM Location DMIS-ID (2-211)

Validity Edits

2-211-01 MUST BE VALID DMIS CODE

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
REGION CODE	SEE BELOW	
ENROLLMENT STATUS CODE	SEE BELOW	

Edited Element Relationship

2-211-02R IF BEGIN DATE OF CARE \geq 10/1/97

AND

IF ENROLLMENT STATUS CODE = "Z" OR "BB" (PRIME ENROLLEE WITH MTF/CLINIC PCM)
PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID

OR

IF ENROLLMENT STATUS CODE = U (PRIME ENROLLEE WITH MCS CONTRACTOR
NETWORK PCM)

PCM LOCATION DMIS-ID MUST BE BETWEEN 6901 AND 6912 FOR CONUS PRIMARY
CARE MANAGERS, OR 8XXX WHEN HCS REGION CODE = 1, 2, OR 5, OR
PCM LOCATION DMIS-ID MUST BE BETWEEN 6913 AND 6915 FOR PRIMARY CARE
MANAGER IN EUROPE.

OR

IF ENROLLMENT STATUS CODE **NOT** = "U", "W", "Z", OR "BB" (INDICATING NON-PRIME
BENEFICIARIES)
PCM LOCATION DMIS-ID MUST BE BLANK

2-211-03R **CONVERSELY,**

IF BEGIN DATE OF CARE \geq 10/1/97

AND

IF PCM LOCATION DMIS-ID = BLANK (FOR BENEFICIARY NOT ENROLLED IN PRIME)
ENROLLMENT STATUS CODE MUST **NOT** = "U", "W", "Z", OR "BB".

OR

IF PCM LOCATION DMIS-ID = 6900 - 6912
ENROLLMENT STATUS CODE MUST = U,
UNLESS HCS REGION CODE = 1, 2, OR 5, THEN PCM LOCATION DMIS-ID MUST = 8XXX

OR

IF PCM LOCATION DMIS-ID = 6913 - 6915
ENROLLMENT STATUS CODE MUST = U.

OR

IF PCM LOCATION DMIS-ID = VALID MTF/CLINIC DMIS-ID
ENROLLMENT STATUS CODE MUST = "W", "Z" OR "BB".

2-211-04R IF BEGIN DATE OF CARE \geq 10/1/97

Eligibility Verification

II.H.2.a.

REGION	REGION
Region 9	6909
Region 10	6910
Region 11	6911
Region 12	6912

b. The PCM Location Code will require mandatory entry of "01" for network primary care providers. There will be no default to spaces.

2. Military Treatment Facility Primary Care Manager Selections:

a. Prime enrollees selecting an MTF/Clinic primary care manager must be updated in DEERS with the specific MTF/Clinic DMIS-ID for the PCM.

b. The PCM Location Code will require mandatory entry of "00" for MTF primary care providers. There will be no default to spaces.

3. ADP Update Procedures:

a. For all PRIME enrollees including GSU enrollees resident on DEERS as of the date of this change package, the DMIS-ID and PCM Location Code will have to be researched to ensure that it complies with the instructions above. To do this the MCS contractor must first query DEERS and then their own internal history to determine how the beneficiary's DMIS-ID and PCM location fields appear now for every beneficiary in their region(s). For those records that need to be updated, the new DEERS Adjustment Transaction must be used exactly as stated in ADP Manual, Chapter 9, Addendum A. The adjustment transaction is an on-line transaction to DEERS. No cartridge/tape batch updates to DEERS will be accepted.

b. On the adjustment transaction, the existing DMIS-ID is required as well as the new DMIS-ID, for either the MTF PCM or the network PCM. DEERS will compare the old to the new as one of the cross-check measures to ensure that the correct beneficiary is being updated and that the beneficiary has not moved to a new enrolling region. If a discrepancy occurs in the new DMIS-ID, DEERS will return an error message #34 stating "Invalid Enrolling Organization DMIS-ID." If a discrepancy occurs in the existing DMIS-ID, DEERS will return an error message 36, "Incorrect Old Enrolling Organization on Adjustment Transaction."

c. As of the date of this change package, regions 9, 10, and 12, are grouped together in DEERS as DMIS-ID 6512. This 6512 DMIS-ID must be updated with 6909, 6910, and 6912, accordingly, for network providers with a PCM Location Code "01." If MTF/Clinic PCMs also currently show DMIS-ID 6512, these must also be separated into the appropriate MTF/Clinic DMIS-ID with a PCM Location Code "00." The contractor shall enter DMIS-ID 6512 for regions 9, 10, and 12 on the Adjustment Transaction in the field called "Old Enrolling Organization DMIS-ID." The contractor shall enter either the specific network PCM or MTF/Clinic PCM DMIS-ID in the field called "New Enrolling Organization DMIS-ID."

d. It is imperative that the effective date on the adjustment transaction be the same as the enrollment date already in DEERS. Do not make the effective date today's date. The effective date is NOT the effective date of the DMIS-ID update. Rather, it is the effective date of the enrollment. **The effective date must equal the enrollment date.** If these dates are not equal, DEERS will return an error code 37 "Incorrect Enrollment Date on Adjustment Transaction."

e. As stated above, the PCM Location Code requires mandatory entry. If the PCM Location Code is not "00" or "01" an error message will be returned. If "00" does not agree with an MTF/Clinic DMIS-ID, an error message will be returned as will "01" not agreeing with a network 6900 series DMIS-ID. The error message for any of these discrepant/invalid conditions is #35 "Invalid PCM Location Code."

f. Once the MCS Contractor has completed the necessary programming to correctly align the DMIS-IDs and PCM Location Codes, the contractor will be required to test for a period of 30 days prior to implementation. The MCS contractor will be required to select a variety of PRIME production records for DEERS to copy into test. The production SSNs must be reported to TSO/OCHAMPUS Information Systems for testing on DEERS. When the DEERS copy is made, the last digit of the sponsor's SSN will be converted to "7" in the test environment. The initial realignment of DMIS-IDs and PCMs will not result in a new DEERS history segment. However, any PCM changes made after the initial realignment will result in a new history segment regardless of whether the change is made during a single enrollment period. The new history segment is required to track when a beneficiary changes from a network to an MTF/Clinic PCM or vice versa.

g. For all new PRIME enrollments from the date of this change forward, the DMIS-ID will be entered on DEERS as the specific MTF/Clinic DMIS-ID for MTF/Clinic primary care manager selections or a 6900 series DMIS-ID for network primary care manager selections. The PCM Location Code will be reflected as either "00" for MTF/Clinic primary care manager selections or "01" for network primary care manager selections.

h. HCSR edits will be performed to ensure that MTF/Clinic DMIS-IDs and Enrollment Status Code "Z" agree as will HCSR edits be performed to ensure that network DMIS-IDs and Enrollment Status Code "U" agree.

i. The Enrollment Status Code "Z" shall be reported for PCM Location Code "00" whereas Enrollment Status Code "U" shall be reported for PCM Location Code "01" on HCSRs.

j. DMIS-ID reporting will be the same for the HCSR MTF Code as it is on DEERS and can be downloaded from DEERS. The HCSR MTF Code will show the specific MTF/Clinic DMIS-ID for PCM Location Code "00" or the appropriate 6900 series DMIS-ID for PCM Location Code "01".

k. *To enroll a TRICARE Prime Remote active duty service member in Regions 1, 2, and 5 only, the contractor shall assign a DMIS-ID of 8XXX, Alternate Care Value "A" and PCM Location Code "01" via CHCS-MCP. Enrollment portability rules do not apply to active duty service members. For HCSR reporting, Enrollment Status Code "W" must be used with the 8XXX PCM Location DMIS-ID.*

l. *To enroll a TRICARE Prime Remote family member in Regions 1, 2, and 5 only, the contractor shall assign a DMIS-ID of 8XXX, Alternate Care Value "E", and a*

Eligibility Verification

Chapter

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II.H.3.L.

PCM Location Code "01" via CHCS-MCP. For HCSR reporting, Enrollment Status Code "U" must be used with the 8XXX PCM Location DMIS-ID.

m. MCS contractor problems and questions shall be reported to TMA Information Systems for research by DEERS.

NOTE:

In the Tidewater area, the Tidewater contractor will still report network PCMs "01" as DMIS-ID 6501. Tidewater MTF/Clinic PCMs "00" will be reported with the specific MTF/Clinic DMIS-ID. The claims processing contractor will not be responsible for the realignment on DEERS but will be responsible for HCSR reporting of these instructions. The HCSR reporting includes reporting Tidewater PCMs using Enrollment Status Code "U" and "Z" rather than "E".

